



## Embassy of the United States of America

Seoul, Korea  
American Citizen Services

*In accordance with the Privacy Act (PL 93-579) passed by Congress in 1974, the Embassy cannot release any information regarding you that is not considered to be in the public domain to anyone without your written consent except as set forth in the Act. Therefore, it is requested that you complete the authorization below specifying whom the Embassy in Seoul may contact and release information to with regard to your case. Please return the completed authorization to the Embassy officer.*

### **AUTHORIZATION FOR THE RELEASE OF INFORMATION UNDER THE PRIVACY ACT**

I, \_\_\_\_\_, do hereby authorize the American Embassy in Seoul and the Department of State to release to the following person(s) information regarding my:

- ☐ registration, ☐ illness/injury, ☐ detention/arrest, ☐ financial difficulties,  
☐ other emergency: \_\_\_\_\_

#### **A. PROVIDE NAMES AND DETAILS OF PERSON (S) TO WHOM THE EMBASSY MAY RELEASE INFORMATION:**

*(If you completed the U.S. citizen registration form, write the Emergency Contact from the registration in #1 below)*

1. \_\_\_\_\_  
(Name) (Phone Number) (Email Address)

\_\_\_\_\_  
(Address)

2. \_\_\_\_\_  
(Name) (Phone Number) (Email Address)

\_\_\_\_\_  
(Address)

3. \_\_\_\_\_  
(Name) (Phone Number) (Email Address)

\_\_\_\_\_  
(Address)

#### **B. CHECK YES OR NO TO EACH CATEGORY OF PEOPLE BELOW TO INDICATE IF THE EMBASSY MAY RELEASE INFORMATION TO ANY OF THE FOLLOWING:**

- |                              |   |                              |  |
|------------------------------|---|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No.....Family (other than those listed under item A) | <input type="checkbox"/> Yes | <input type="checkbox"/> No.....Legal Representative |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No..... Media  | <input type="checkbox"/> Yes | <input type="checkbox"/> No..... Medical             |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No..... Congress                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No..... Other: _____        |

*Information will only be released under Item B if requested and if we have your authorization.*

\_\_\_\_\_  
(Date and place)

\_\_\_\_\_  
(Signature of individual)

**PRIVACY ACT NOTICE FOR USE WHEN REQUESTING INFORMATION FROM U.S. CITIZENS IN CONNECTION WITH CONSULAR SERVICES :** The primary purpose for soliciting the information is to establish your citizenship, identity, and entitlement to welfare and protection services by the U.S. government. The information is also needed to assist you in your present need for consular services. *This information may be made available on a need-to-know basis to personnel of the Department of State and other government agencies having statutory or other lawful authority to maintain such information in the performance of their official duties. It may also be made available to officials of the host government, should the disclosure of such information be considered to be in your interest. Failure to provide the information requested on this form may make it difficult or impossible for the Department of State to assist you.*